

Clear Form

Print Form

This form is being requested to be addressed in:

<input type="checkbox"/> City Council: (specify)	<input type="checkbox"/> 3:00 p.m.	<input type="checkbox"/> 6:00 p.m.
<input type="checkbox"/> Committee Meeting: (specify)	<input type="checkbox"/> Community Services	<input type="checkbox"/> Corporate Services
	<input type="checkbox"/> Protective & Social Services	<input type="checkbox"/> Infrastructure & Economic Development
<input type="checkbox"/> Meeting Type: (specify)	<input type="checkbox"/> Remote Access	<input type="checkbox"/> In Person
Date of Appearance	*To view the meeting schedule calendar online, please visit our Agenda, Meetings, Minutes page.	

Contact Information

Name			
Address		City	
Province		Postal Code	
Phone		Email	

Topic of Discussion

Please describe in 3 sentences or less:

What change would you like to see as a result of this meeting?

Please attach any supporting documents/photos upon submitting your completed form.

For Office Use Only

<input type="checkbox"/> Added to Agenda	<input type="checkbox"/> Referred to:
Other departments required to be in attendance?	
Notification to Director of Service Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Camera? <input type="checkbox"/> Yes <input type="checkbox"/> No